

IPW/AA

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/667,422	
	Filing Date	09/23/2003	
	First Named Inventor	Steve Brnjac	
	Art Unit	3632	
Examiner Name	Alfred Joseph Wujciak III		
Total Number of Pages in This Submission	12	Attorney Docket Number	062349-0001

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Miller Thomson LLP		
Signature			
Printed name	Eugene J.A. Gierczak		
Date	12/07/2004	Reg. No.	31,690

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$44.00)
Complete if Known

Application Number	10/667,422
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First Named Inventor	Steve Brnjac
Examiner Name	Alfred Joseph Wujciak III
Art Unit	3632
Attorney Docket No.	062349-0001

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order

 Deposit Account None

Deposit Account Number:

Deposit Account Name:

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

to the above-identified deposit account.

 Other (please identify):

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FEE CALCULATION**1. BASIC FILING FEE**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	<input type="text"/>
Design Filing Fee	350	175	<input type="text"/>
Plant Filing Fee	550	275	<input type="text"/>
Reissue Filing Fee	790	395	<input type="text"/>
Provisional Filing Fee	160	80	<input type="text"/>

Subtotal (1) \$**Subtotal (2) \$44.00****2. EXTRA CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

 - 20 or HP = x =
HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

 - 3 or HP = x =
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$)** **Fee Paid (\$)**

Subtotal (2) \$44.00**3. OTHER FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
1-month extension of time	110	55
2-month extension of time	430	215
3-month extension of time	980	490
4-month extension of time	1,530	765
5-month extension of time	2,080	1,040
Information disclosure stmt. fee	180	180
37 CFR 1.17(q) processing fee	50	50
Non-English specification	130	130
Notice of Appeal	340	170
Filing a brief in support of appeal	340	170
Request for oral hearing	300	150
Other:	<input type="text"/>	<input type="text"/>

Subtotal (3) \$**SUBMITTED BY**

Signature	Eugene Gierczak /gt	Registration No. (Attorney/Agent)	31,690	Telephone	416-596-2132
Name (Print/Type)	Eugene J.A. Gierczak	Date 12/07/2004			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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